

**PRICE PROPOSAL FORM****Construction Management for Third Party (Non-State Property) Multifamily Rental Housing Projects and Funded by DHCD****Instructions for completing “Evaluated Price for Two Year Contract”**

1. Column A - Task Definition
2. Column B - Estimated Hours to Complete Task, used for evaluation purposes only.
3. Column C - Hourly Rate: Indicate the hourly rate to complete the tasks listed in Column A and described in the Section 4 of the RFP, Scope of Services.
4. Column D - Price Per Task: Calculate the price for each task listed in Column A by multiplying the number of hours to complete each task listed in Column B by the hourly rate indicated in Column C.
5. Column E - Estimated Number of Tasks, used for evaluation purposed only.
6. Column F - Evaluated Price Per Multifamily Housing Project: Calculate the evaluated price per multifamily housing projects by:
  1. Multiplying the price per task in Column D by the estimated number of tasks in Column E,
  2. Adding rows I, II, and III in Column F, and
  3. Inserting the results in row IV.
7. Row V - Evaluated Price for Year One: Calculate the yearly price by multiplying Row IV by five (5) projects.
8. Row VI - Evaluated Price for Two Year Contract: Calculate the two year price by multiplying Row V by two (2) years.

The Contract will provide that the Contractor will be compensated monthly upon submission to and approval by DHCD of a detailed invoice reflecting time expended by authorized key personnel, including reasonable travel time, multiplied by the appropriate hourly rate for each task as proposed below. Travel mileage will be reimbursed at the State rate for privately operated vehicles, available at <http://www.dbm.maryland.gov/> under “State Employees/ Forms/ Interactive Expense Reimbursement Forms.”

**The estimated amounts of hours and tasks are being provided for the purposes of comparing proposals only and are not intended to be an indication of volume or guarantee of work effort.** As described in Section 4 of the RFP, at any one time during the course of a year DHCD is working on approximately 50 affordable multifamily rental housing development projects, which are in various stages of processing and construction. DHCD’s expectation is that the Contractor will be involved in 25 – 30% of these projects.

**Construction Management for Third Party (Non-State Property) Multifamily Rental Housing Projects and Funded by DHCD**

### Price Proposal

	<b>A</b> <b>DO NOT CHANGE</b>	<b>B</b> <b>DO NOT CHANGE</b>	<b>C</b>	<b>D</b>	<b>E</b> <b>DO NOT CHANGE</b>	<b>F</b>
	<b>TASK</b> As described in Section 4 - Scope of Services	<b>ESTIMATED HOURS TO COMPLETE TASK</b> (including preliminary review)	<b>HOURLY RATE</b>	<b>PRICE PER TASK</b> Estimated Hours (B) Multiplied by Hourly Rate (C)	<b>ESTIMATED NUMBER OF TASKS</b>	<b>PRICE PER MF PROJECT</b> Price per Task (D) Multiplied by Estimated # of Tasks (E)
I	1. Construction Document Review	20 hours (per project, one review)	\$_____	\$_____	3 reviews (Application, Preliminary, Viability and Commitment submissions)	\$_____
II	2. Construction Cost Review	4 hours (per project, one review)	\$_____	\$_____	3 reviews (Application, Preliminary, Viability and Commitment submissions)	\$_____
III	3. Field Monitoring During Construction	6 hours (per project, one visit)	\$_____	\$_____	25 visits (visits are twice per month during typical construction period)	\$_____
IV	<b>Evaluated Price Per Multifamily Project</b>					\$_____
V	<b>Evaluated Price for Five (5) projects for Year One ( IV x 5 = )</b>					\$_____
VI	<b>Evaluated Price for Two (2) Year Contract (V x 2 = )</b>					\$_____

**Construction Management for Third Party (Non-State Property) Multifamily Rental Housing Projects Non State Owned and  
Funded by DHCD  
Price Proposal continued**

Name of Offeror: \_\_\_\_\_

By: \_\_\_\_\_

Address: \_\_\_\_\_

Typed Name: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

Contact Name \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

FID/ FEIN#: \_\_\_\_\_

Date: \_\_\_\_\_

Maryland MBE Certification No. (if applicable): \_\_\_\_\_/Maryland SBR Certification No. (if applicable) \_\_\_\_\_